CLINICAL QUALITY & PATIENT SAFETY PERFORMANCE SUMMARY

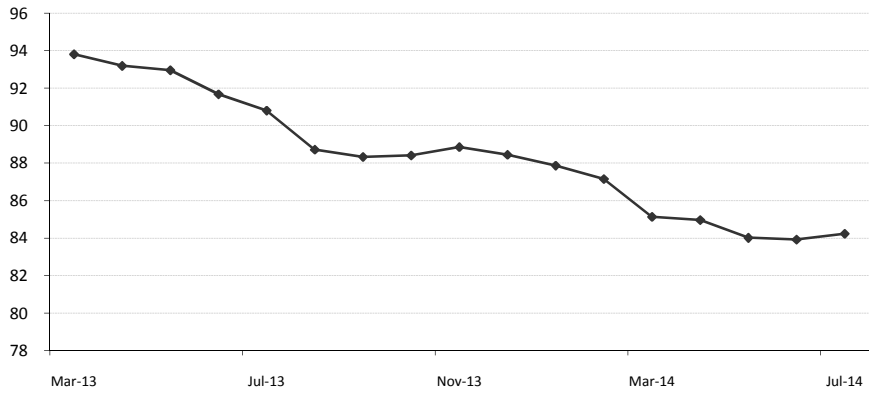
Introduction

A summary of key trends and actions of the Trust's performance against the clinical quality and patient safety indicators is provided together with supporting narrative. The report is structured around the key themes of the annually published Quality Report/Account; Patient Safety, Patient Experience and Clinical Effectiveness.

	Measure	Improvement Metric		Target 14/15	Jul-14	Jul-13	vs Jul-13	YTD
Patient Safety	Mortality Rates	HSMR		-	84.2	90.8	↓	84.3
					Q4 13/14	Q4 12/13	vs Q4 12/13	YTD
		SHMI (%)		-	106.44%	103.67%	↑	-
					Dec-14	Dec-13	vs Dec-13	YTD
		Crude Mortality: All Ages (Per 1 000)	Non-Elective	-	34.538	35.545	↓	27.748
			Elective	-	0.681	0.473	↑	0.418
	Risk Management	Serious Incidents (STEIS)	New Incidents	-	7	2	↑	-
			Open Incidents	-	62	30	↑	Cumul.
	HCAI	MRSA	Attributable	5	2	7	↓	Cumul.
		C. difficile	Post 72h	47	43	38	↑	Cumul.
	Infection Prevention	Mandatory Training Compliance (%)		95.0%	80.2%	82.7%	↓	82.5%
	Harm Free Care (HFC)	Safety Thermometer HFC (%) - Old & New Harm	EKHUFT	93.0%	91.9%	91.7%	↑	93.6%
			National	-	94.1%	93.5%	↑	-
	Nurse Sensitive Indicators	Pressure Ulcers: Category 2,3 and 4	Acquired	-	31	29	↑	183
			Avoidable	99	10	10	↔	59
		Falls		-	157	165	↓	1455
	Clinical Incidents	Total Clinical Incidents		-	1116	1024	↑	9929
Patient Experience	Compliments and Complaints	Compliments:Complaints		-	36:1	43:1	↓	-
		No. Care Spells per Formal Complaint		-	1268	1602	↓	-
	Experience	Friends and Family Test (Star Rating)		5.0	4.5	4.5	↓	-
		Adult Inpatient Experience (%)		80.00%	89.63%	87.58%	↑	-
		Mixed Sex Accommodation Occurrences		-	10	11	↓	76
Clinical Effectiveness	Readmission				Nov-14	Nov-13	vs Nov-13	YTD
		7 Day (%)		2.00%	4.08%	3.82%	↑	4.21%
		30 Day (%)		8.32%	7.87%	8.48%	↓	8.70%
	CQUIN				Dec-14	Dec-13	vs Dec-13	YTD
		Standard Contract CQUIN		Multiple			↔	
		Specialist CQUIN		Multiple			↔	
	Bed Usage	Bed Occupancy (%)		-	93.53%	95.64%	↓	-
		Extra Beds (%)		-	5.20%	5.93%	↓	5.43%
		Outliers		-	48.03	31.26	↑	285.85
		Delayed Transfers of Care (Average)		-	31.50	33.00	↓	34.83
Care Quality Commission	Intelligent Monitoring Report	Outcome Measures	Risks	-	3	-		-
			Elevated Risks	-	2	-		-

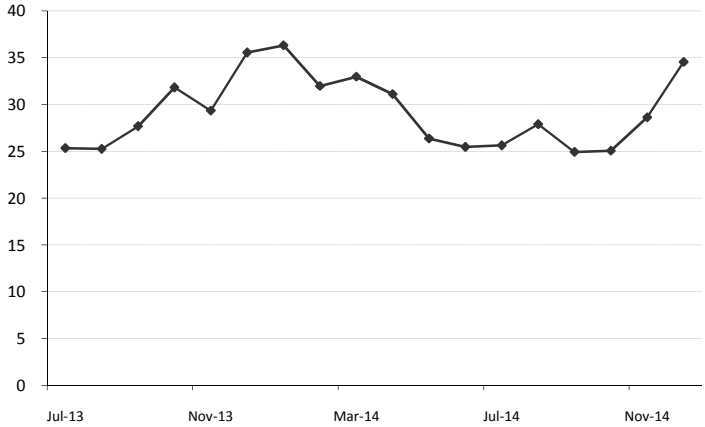
CLINICAL QUALITY & PATIENT SAFETY
PATIENT SAFETY: MORTALITY RATES

Hospital Standardised Mortality Ratio (HSMR) - All Discharges



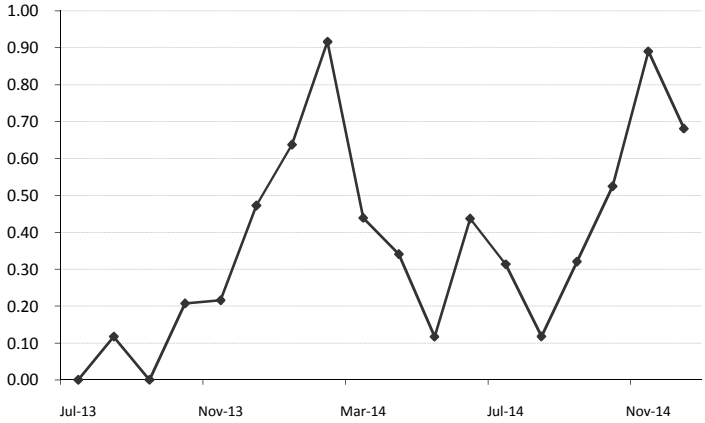
The Trust has changed HSMR data providers from Dr Foster to CHKS. As defined by CHKS, Hospital Standardised Mortality Ratios (HSMRs) compare the number of expected deaths with the number of actual deaths, in hospital. The data are adjusted for factors statistically associated with hospital death rates. Severity of illness is an important factor on mortality and the methodology acknowledges this by using a measure of co-morbidity called the Charlson index, which looks at a number of secondary diagnoses and scores them according to severity.
HSMR performance at Trust level remains good. HSMR in Jul-14 equalled 84.2 (that is, showing a 0.3 against Jun-14) and compares with a position of 90.8 in Jul-13.

Crude Mortality - Non-Elective per 1 000



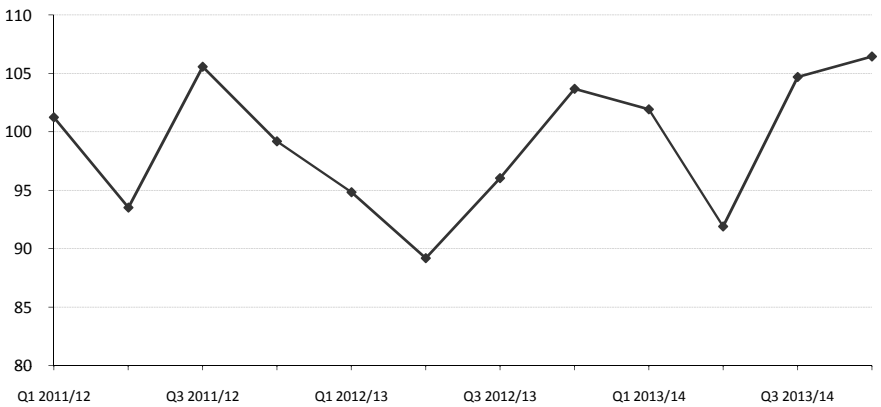
Crude mortality for non-elective patients shows a fairly seasonal trend with deaths higher during the winter months. Performance in Dec-14 equalled 34.538 deaths per 1 000 population, thus showing an increase on Nov-14 (cf. 28.624) and approximating the level reported in Dec-13 where 35.545 deaths per 1 000 population were recorded.

Crude Mortality - Elective per 1 000



During Feb-14 elective crude mortality was 0.916 deaths per 1 000 population, which dropped back to expected levels as seen in March, and stabilised further over the summer period. A month on month increase in elective crude mortality is, however, evident from Aug-14 to Nov-14 with the position in November approximating that seen in February i.e. 0.890 deaths per 1 000 population. Elective crude mortality fell in Dec-14 to a level of 0. 681 deaths per 1 000 population. All elective deaths are reported on Datix and discussed at the Surgical Morbidity and Mortality meetings. Any points of learning are highlighted as part of this process.

Summary Hospital Mortality Indicator (SHMI)



The Summary Hospital Mortality Indicator (SHMI) includes "in hospital" and "out of hospital" deaths within 30 days of discharge. These data are supplied by an external party (CHKS) and are updated on a quarterly basis. The most recent data for Q4 2013/14 indicate a SHMI value of 106.44 in line with a value last reported in Q3 2011/12.

Serious Incidents - Open Cases

Date		Summary of Serious Incident & Remedial Action Taken	IX lv	Division	Timely Submit?
Incident	STEIS Report				
30-Dec-14	30-Dec-14	Category 3 hospital acquired pressure ulcer (avoidable)		UCLTC	Not Due
21-Dec-14	23-Dec-14	Unexpected Admission - NICU		Specialist	72h report sent
19-Dec-14	22-Dec-14	Infected Health Care Worker - Tuberculosis		UCLTC	Not Due
29-Nov-14	18-Dec-14	Delayed Operation		Surgical	Not Due
11-Dec-14	18-Dec-14	Unexpected Admission - NICU		Specialist	72h report sent
11-Dec-14	18-Dec-14	Unexpected Admission - NICU		Specialist	72h report sent
10-Nov-14	3-Dec-14	Mislabelling of Sample - breast biopsy		Clinical Support	Not Due
19-Nov-14	25-Nov-14	Medication Incident - wrong dose of Clexane administered		UCLTC	Extension
26-Oct-14	17-Nov-14	Suboptimal Care - deteriorating patient (child cardiorespiratory arrest)		Specialist	Not Due
13-Sep-14	13-Nov-14	Fall		UCLTC	Not Due
27-Oct-14	13-Nov-14	Category 4 hospital acquired pressure ulcer (avoidable)		UCLTC	Not Due
25-Oct-14	31-Oct-14	Unexpected Admission - NICU	2	Specialist	72h report sent
26-Sep-14	17-Oct-14	Category 3 hospital acquired pressure ulcer (avoidable)	1	UCLTC	Breach
10-Oct-14	15-Oct-14	Unexpected Admission - NICU	2	Specialist	Yes
8-Jun-14	9-Oct-14	Fall	1	Surgical	Breach
8-Oct-14	9-Oct-14	Unexpected Death	1	Surgical	Breach
11-Aug-14	12-Sep-14	Fall - arm weakness	1	UCLTC	Breach
25-Aug-14	12-Sep-14	Delayed Diagnosis	1	UCLTC	Breach
29-Aug-14	12-Sep-14	Unexpected Admission - NICU	2	Specialist	Extension
2-Sep-14	5-Sep-14	Hospital Transfer Issue	1	UCLTC	Breach
3-Jul-14	2-Sep-14	Category 3 hospital acquired pressure ulcer (avoidable)	1	Surgical	Extension
15-Jun-14	1-Sep-14	Delayed Diagnosis	1	UCLTC	Extension
24-Aug-14	29-Aug-14	Delayed Diagnosis	1	Surgical	Breach
27-Aug-14	29-Aug-14	Intrapartum Death - term infant	2	Specialist	72h report sent
13-Aug-14	13-Aug-14	Adverse Media Coverage - CQC report and breach of licence as Foundation Trust	2	Trust	Stop the Clock
23-Jul-14	30-Jul-14	Category 3 hospital acquired pressure ulcer (avoidable)	1	UCLTC	Breach
19-Jul-14	23-Jul-14	Unexpected Death - neonatal	2	Specialist	Extension
7-Jul-14	18-Jul-14	Category 3 hospital acquired pressure ulcer (avoidable)	1	UCLTC	Breach
7-Apr-14	10-Jul-14	Fall - resulting in permanent harm	1	UCLTC	Yes
27-Jun-14	4-Jul-14	Category 3 hospital acquired pressure ulcer (avoidable)	1	UCLTC	Yes
26-Jun-14	27-Jun-14	Unexpected Death - neonatal	2	Specialist	Stop the Clock
20-Mar-14	13-Jun-14	Fall - resulting in subdural haematoma	1	UCLTC	Yes
27-May-14	2-Jun-14	Unexpected Death	1	UCLTC	Breach
19-May-14	21-May-14	Unexpected Admission - NICU		Specialist	Extension
7-Mar-14	13-May-14	Unexpected Death - endoscopic bleed	1	UCLTC	Yes
11-May-14	12-May-14	Suboptimal Care - deteriorating patient	1	UCLTC	Breach
6-May-14	8-May-14	Unexpected Death - displacement of tracheostomy tube	1	UCLTC	Breach
28-Apr-14	29-Apr-14	Surgical Error - agency surgeon	1	Surgical	Breach
13-Jan-14	24-Apr-14	Category 3 hospital acquired pressure ulcer (avoidable)	1	UCLTC	Breach
8-Apr-14	10-Apr-14	Unexpected Death - post debridement	1	Surgical & UCLTC	Breach
10-Mar-14	24-Mar-14	Suboptimal Care - deteriorating patient	1	Surgical	Breach
19-Feb-14	13-Mar-14	Unexpected Death - pericardial effusion	1	UCLTC	Breach
1-Mar-14	10-Mar-14	Never Event - wrong site pleural aspiration	2	UCLTC	Breach
11-Oct-13	30-Oct-13	Allegation against a member of staff	1	UCLTC	Extension
Aug-13	14-Aug-13	Media Interest - delayed implementation of PACS/RIS replacement resulting in a backlog of patient bookings across all modalities		Clinical Support	Stop the Clock
7-Jan-13	11-Jan-13	Never Event - wrong site surgery: Ophthalmology	2	Surgical	Yes

Serious Incidents - Partially Closed Cases

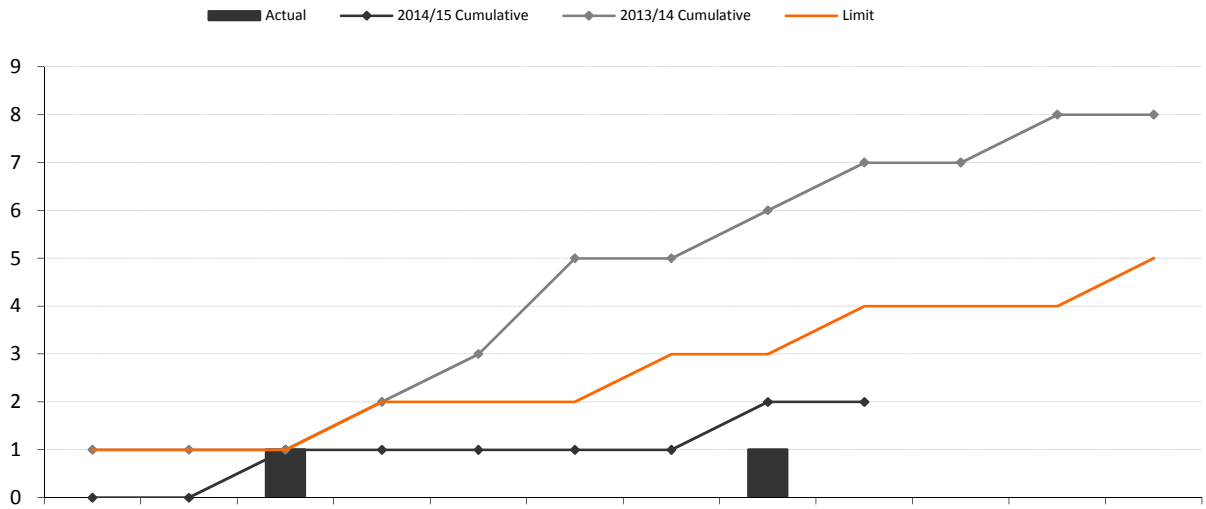
Serious Incidents closed by KMCS but remaining open on STEIS pending review by external bodies.

Date		Summary of Serious Incident & Remedial Action Taken	IX lv	Division
Incident	STEIS Report			
21-Aug-14	29-Aug-14	Unexpected Admission - NICU	2	Specialist
3-Aug-14	13-Aug-14	Unexpected Admission - NICU	2	Specialist
17-Jun-14	1-Jul-14	Intrauterine Death	2	Specialist
20-May-14	2-Jun-14	Missed Diagnosis - meningitis	2	Specialist
10-Mar-14	13-May-14	Unexpected Admission - term baby to NICU	2	Specialist
5-May-14	9-May-14	Unexpected Admission - NICU	2	Specialist
16-Apr-14	22-Apr-14	Unexpected Admission - NICU	2	Specialist
5-Apr-14	10-Apr-14	Unexpected Admission - NICU	2	Specialist
3-Apr-14	3-Apr-14	Intrapartum Death - placental abruption	2	Specialist
3-Apr-14	3-Apr-14	Never Event - retained vaginal swab post delivery	2	Specialist
19-Mar-14	20-Mar-14	Neonatal Death - home birth	2	Specialist
24-Jan-14	24-Jan-14	Neonatal Death - unexpected breach delivery at home, taken to QEH	2	Specialist
6-Nov-13	11-Nov-13	Never Event - misplaced nasogastric tube	2	UCLTC
17-Jun-13	27-Jun-13	Screening Issue - diabetes eye screening programme and Hospital Eye Services (HES)	1	UCLTC
22-Jan-13	24-Jan-13	Never Event - wrong site surgery: pleural aspiration	2	UCLTC
4-Sep-12	13-Sep-12	Neonatal Death - following shoulder dystocia	1	Specialist

Seven serious incidents were reported on STEIS during Dec-14. These were: 3 unexpected admissions to NICU, an avoidable hospital acquired Category 3 pressure ulcer, an infected healthcare worker (Tuberculosis), a VTE (Pulmonary Embolism) and a serious incident involving possible unnecessary breast surgery. The Trust has had 7 incidents closed on STEIS by the CCG or Area Team. At the end of Dec -14, there remain 16 incidents awaiting Area Team or other external body review. Root Cause Analysis (RCA) reports have been presented either to the Trust Quality Assurance Board, Patient Safety Board or to the site based Pressure Ulcer Panels. These included the findings of the investigations and action plans to take forward recommendations, including mechanisms for monitoring and sharing learning. At the end of Dec-14 there were 62 serious incidents open on STEIS.

CLINICAL QUALITY & PATIENT SAFETY
PATIENT SAFETY: HOSPITAL ACQUIRED INFECTIONS

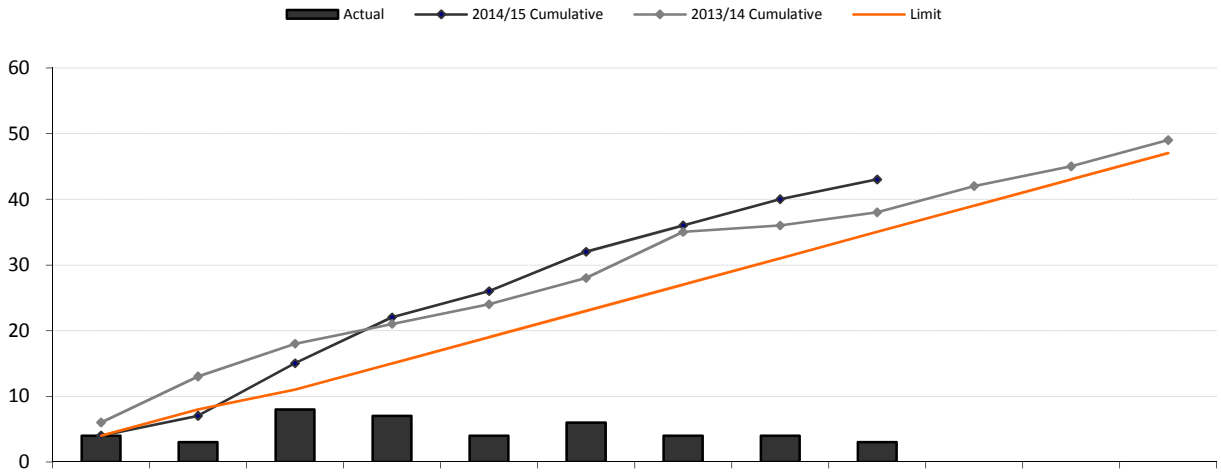
MRSA Bacteraemia - Trust Assigned Case



	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Actual	0	0	1	0	0	0	0	1	0			
2014/15 Cumulative	0	0	1	1	1	1	1	2	2			
2013/14 Cumulative	1	1	1	2	3	5	5	6	7	7	8	8
Limit	1	1	1	2	2	2	3	3	4	4	4	5

There were no cases of MRSA bacteraemia in Dec-14. The case from November was provisionally assigned to NHS Canterbury CCG and has been referred following Post Infection Review (PIR) to Public Health England for arbitration and third party assignment. (As of Jan-15 the decision is pending). There has been 1 Trust assigned case to date.

Clostridium difficile - Incidents Post 72h



	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Actual	4	3	8	7	4	6	4	4	3			
2014/15 Cumulative	4	7	15	22	26	32	36	40	43			
2013/14 Cumulative	6	13	18	21	24	28	35	36	38	42	45	49
Limit	4	8	11	15	19	23	27	31	35	39	43	47

There were 3 cases of C. difficile in Dec-14, bringing the year to date total to 43 against an annual objective of 47 and breaching the Apr-14 to Dec-14 trajectory by 8 cases. Two cases occurred within UCLTC at KCH and WHH (Invicta and Richard Stevens Stroke Unit), and 1 within the Surgical Services Division at WHH (Kings A2). Root Cause Analysis meetings are pending, and "lapses of care" decisions will be agreed with the Clinical Commissioning Groups.

PATIENT SAFETY: HOSPITAL ACQUIRED INFECTIONS

Escherichia coli Bacteraemia - Incidents Pre and Post 48h

		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Monthly Average	Total YTD
2014/15	Pre 48h	32	36	32	37	25	39	40	35	29				33.9	305
	Post 48h	9	1	8	7	6	5	6	4	9				6.1	55
2013/14	Pre 48h	30	33	41	37	28	42	36	36	26	31	29	33	33.5	30
	Post 48h	4	3	4	12	3	12	10	4	8	8	6	11	7.1	4

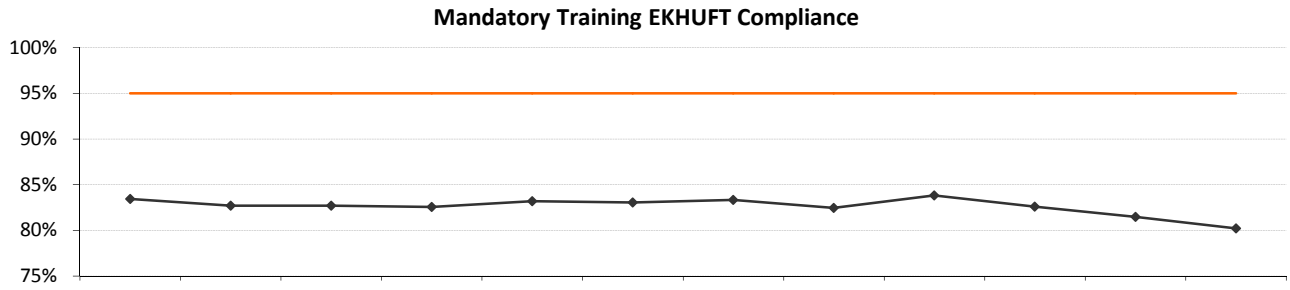
There were 38 cases of E.coli bacteraemia in Dec-14; 29 pre-48h and 9 post-48h. None met the criteria for RCA.

Meticillin Sensitive Staphylococcus Aureus (MSSA) Bacteraemia

		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Monthly Average	Total YTD
2014/15	Pre 48h	7	6	6	7	7	9	9	10	8				7.7	69
	Post 48h	1	1	3	0	4	2	0	2	2				1.7	15

In December there were 10 cases of MSSA bacteraemia: 8 pre-48h and 2 post 48h.
One pre-48h case at KCH and 1 post-48h case at the QEH may meet the criteria for RCA pending further investigation.

CLINICAL QUALITY & PATIENT SAFETY
PATIENT SAFETY: INFECTION PREVENTION & CONTROL



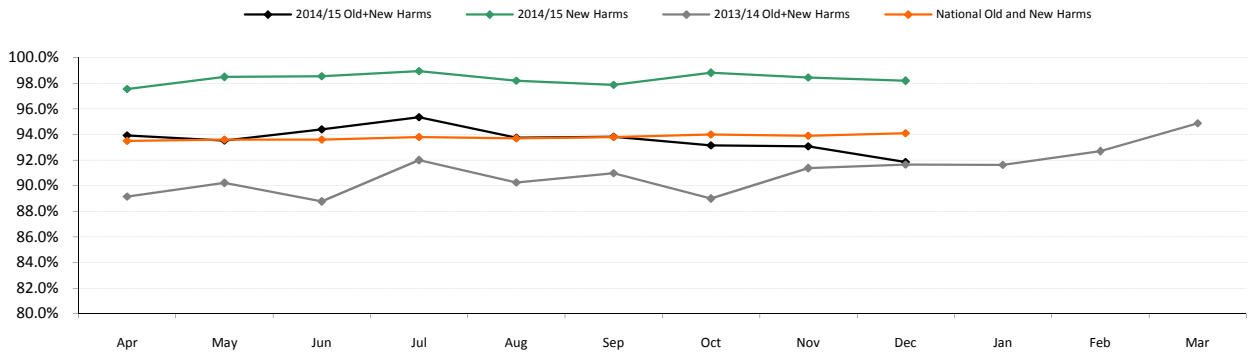
	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14
Compliance	83.5%	82.7%	82.7%	82.6%	83.2%	83.1%	83.3%	82.5%	83.9%	82.6%	81.5%	80.2%
Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

	Dec-14								
	Target	Trust	Clinical Support Services	Corporate	Specialist Services	Strat Dev & Capt Pln	Surgical Services	UCLTC	Serco
Mandatory Comparative Data for Biennial Training Compliance	95%	80.2%	88.5%	82.3%	74.7%	90.3%	79.2%	76.0%	84.0%

Compliance Against Performance	
	Achieving or exceeding performance metric
	0-10% underperformance against metric
	10-20% underperformance against metric

Trust compliance has decreased from 81.5% in November to 80.2% in Dec-14. Compliance within Strategic Development and Capital Planning remains the same at 90.3%, but decreases have occurred within all other areas as follows: Clinical Support Services (from 89.1% to 88.5%); Corporate Division (from 82.4% to 82.3%); Specialist Services Division (from 75.2% to 74.7%); Surgical Services Division (from 81.4% to 79.2%); UCLTC (from 78.2% to 76.0%), and Serco (from 86.0% to 84%).
All Divisions are required to achieve 95.0% compliance by the end of Q4 2014/15 (Mar-15) via a phased attainment approach. Achievement of the Q3 attainment target (i.e.91.0% by the end of Dec-14) has not been met.

Safety Thermometer Harm Free Care



The chart above shows the percentage of Harm Free Care expressed as a one-day snapshot in each month. It is known as the NHS Safety Thermometer and is a quick and simple method for surveying patient harms. The aim of the Safety Thermometer is to identify, through a monthly survey of all adult inpatients, the percentage of patients who receive Harm Free Care. Four areas of harm are currently measured:

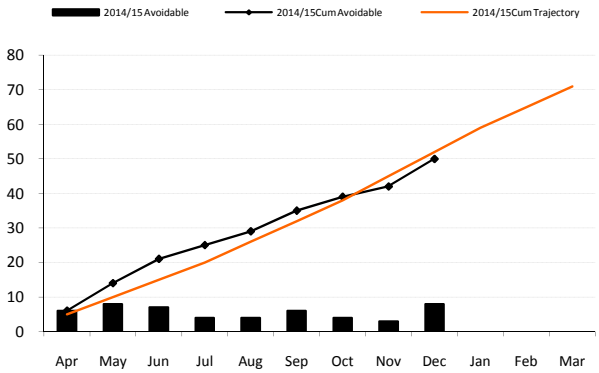
- All categories of pressure ulcers whether acquired in hospital or before admission;
- All falls whether they occurred in hospital or before admission;
- Urinary tract infection (inpatients with a catheter);
- Venous thromboembolism, risk assessment and appropriate prevention.

The strength of the NHS Safety Thermometer lies in allowing front line teams to measure how safe their services are and to deliver improvement locally. There are several different ways in which harm in healthcare is measured and there are strengths and limitations to the range of approaches available. The NHS Safety Thermometer measures prevalence of harms, rather than incidence, by surveying all appropriate patients on one day every month in order to count all occurrences of harms.

Harm Free Care includes both harms acquired in hospital ("new harms") and those acquired before admission to hospital ("old harms"). There is limited ability to influence "old harms" if a patient is admitted following a fall at home, or with a pressure ulcer, but these are included in the overall performance reported to the Health and Social Care Information Centre. "New harms only" are included separately when reporting performance to Divisional teams to enable success to be celebrated and to incentivise improvement. Harm Free Care performance is incorporated within the monthly ward quality dashboard and is triangulated with the existing funded establishment, acuity and dependency of patients, and effectiveness of rostering to enable analysis of influencing factors and thereby focusing improvement actions.

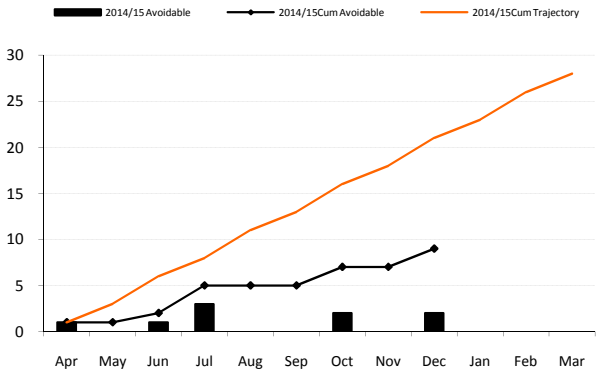
This month 91.9% of our inpatients were deemed 'harm free' which is lower than last month (93.1%) and lower than the national figure which is 94.1%. This figure includes those patients admitted with harms and those who suffered harm whilst with us. The percentage of patients receiving harm free care during their admission with us (which we are able to influence) is 98.2%, similar to last month (98.4%). Further analysis of these data shows that the prevalence of patients with a catheter and a urinary tract infection, had suffered a fall and those with pressure ulcers were raised this month. The prevalence of patients with a new catheter and a urinary infection were reduced. Patients admitted with a VTE and those developing a VTE in hospital were also reduced during December.

Category 2 Incidence Trajectory 2014/15 25% Reduction



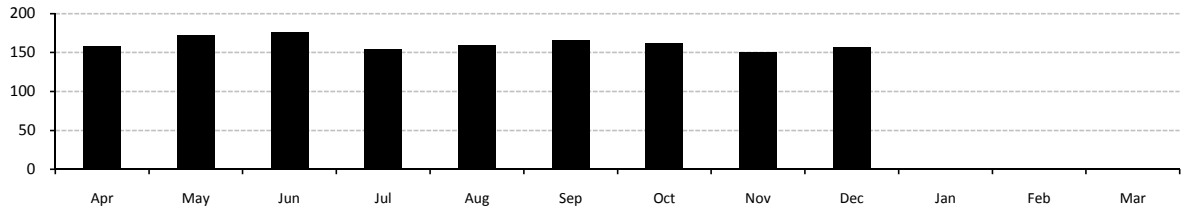
In Dec-14, a total of 27 acquired Category 2 pressure ulcers were reported of which 8 were avoidable. This represents an increase of 5 from the previous month and may have been related to the increased volume of patients and acuity during December (as 8 of these pressure ulcers occurred during the Christmas holiday period). Nine incidents occurred at KCH with 4 avoidable ulcers and all due to lack of evidence of sufficient preventative care. Seven occurred at QEH with 1 being avoidable, and 11 occurred at WHH of which 3 were classed as avoidable (and also lacking sufficient evidence of appropriate care). Although disappointing the figures remain under the 25% trajectory by 4 incidents.

Category 3 and 4 Incidence Trajectory 2014/15 25% Reduction



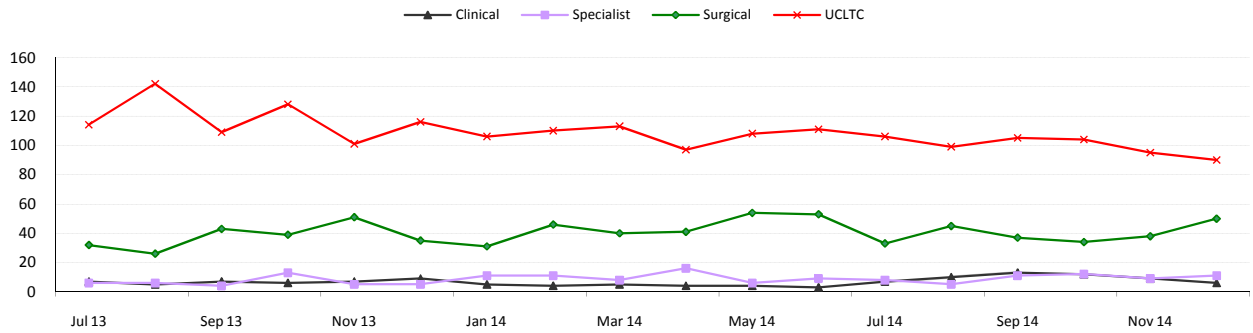
In December there were 4 reported deep ulcers (Category 3 and 4), currently unstageable until fully debrided. Two of these were deemed avoidable due to lack of evidence of sufficient prevention. RCA investigations are planned to identify and address the issues involved. However, the figures remain within the 25% reduction trajectory and within the Trust stretch trajectory of 50%. There were 11 heel ulcers this month of which 2 were avoidable. This is still under 25% reduction heel ulcer trajectory. Following concerns being escalated regarding a number of patients reported as having pressure ulcers on discharge, close monitoring and further investigations have been undertaken of 1 ward at KCH.

Patient Falls - Injurious and Non-Injurious



	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
■2014/15	158	172	176	154	159	166	162	151	157			
2014/15 Cum	158	330	506	660	819	985	1147	1298	1455			

Patient Falls - Injurious and Non-Injurious By Division

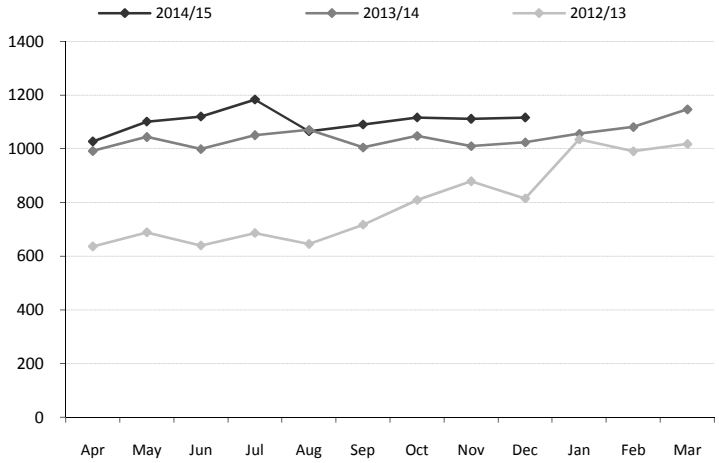


In Dec-14 there were a total of 157 falls across the Trust (compared with 151 in November). Thirty seven were at KCH (35 in ward areas), 59 at QEH (58 in ward areas) and 61 at WHH (59 in ward areas). Six at WHH resulted in moderate injuries, 2 of which were head injuries, 1 was a hip fracture (CDU) and 1 a wrist fracture (Kings C1). There was 1 hip fracture at QEH (CDU) and 1 laceration at KCH (Brabourne). Investigations are underway for all these incidents. A Falls Steering group is currently being set up to be chaired by the Deputy Chief Nurse and reinvigorate falls prevention in our hospitals.

CLINICAL QUALITY & PATIENT SAFETY
PATIENT SAFETY: CLINICAL INCIDENTS

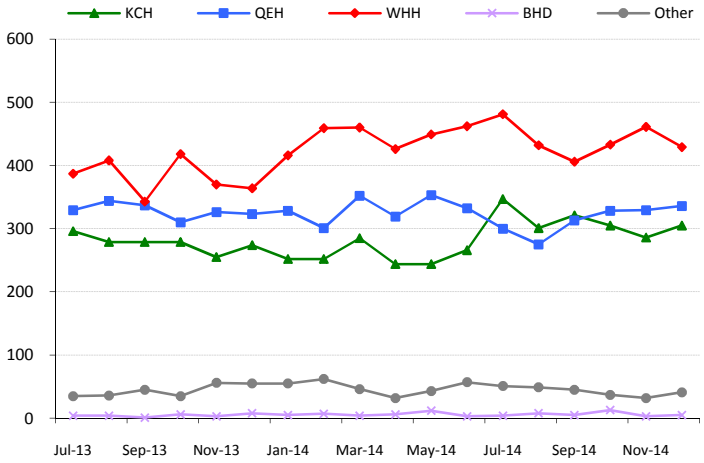
In Dec-14 a total of 1116 clinical incidents including patient falls were reported. This includes 1 incident of deterioration relating to a misplaced catheter (which is under investigation) graded as death. Incidents may be re-graded following investigation. In addition to this incident, 7 incidents have been escalated as serious near misses, of which 6 are under investigation.
Seven serious incidents were required to be reported on STEIS in December. Seven cases have been closed since the last report; there remain 62 serious incidents open at the end of December.

Overall Incident Rates by Year



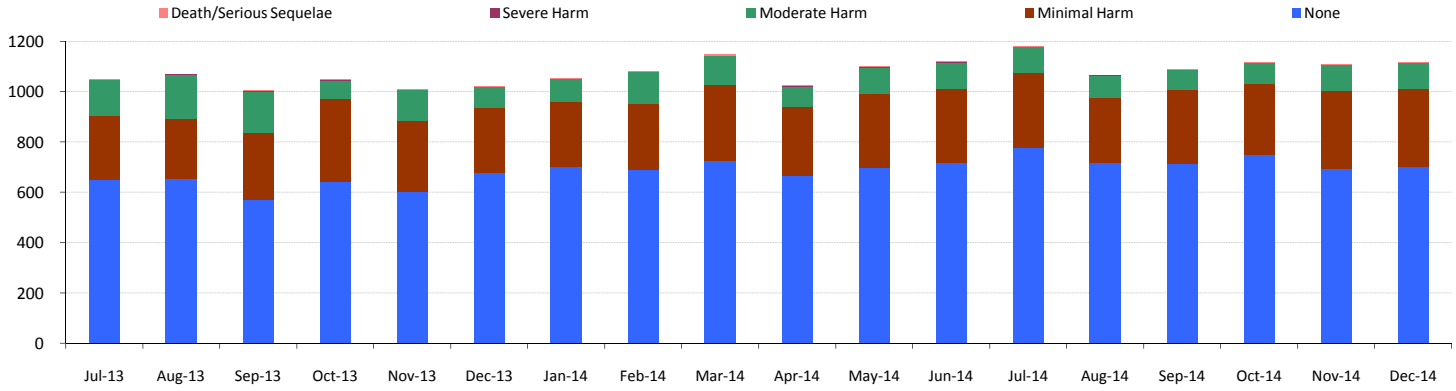
A total of 1116 clinical incidents have been logged in as occurring in December compared with 1111 recorded for Nov-14 and 1024 in Dec-13.

Overall Incident Rates by Site



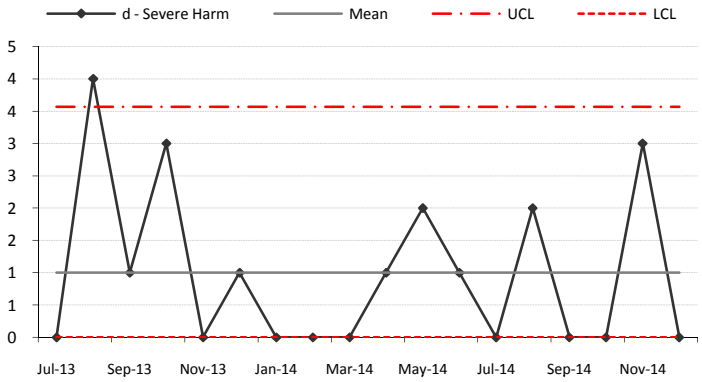
There has been a slight decrease in the number of clinical incidents reported at WHH, but an increase at KCH and QEH. Overall there is a trend increase in the number of incidents reported in the Trust.

Clinical Incidents by Severity

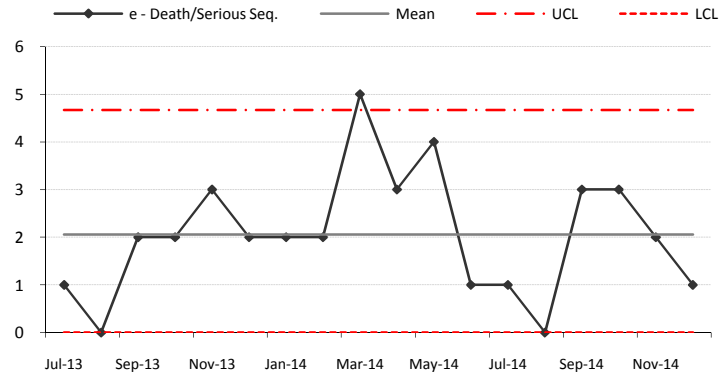


The incidents graded as moderate, serious and death have all been subject to review in order to confirm the consistency of the grading of harm across the Trust. The Board of Directors may see a change in this report to reflect the re-categorisation process undertaken. This is consistent with the data presented in the Quality Account and Quality Report.

Severe Harm

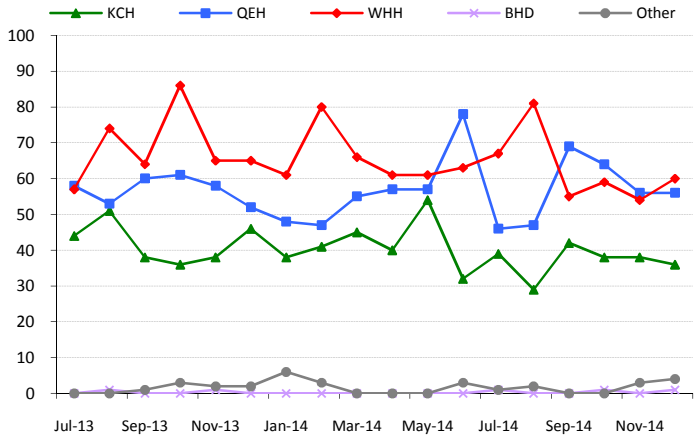


Death/Serious Sequelae



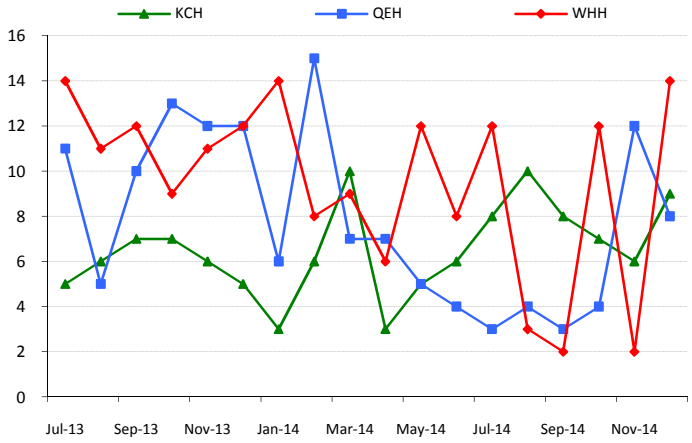
The number of death/serious and severe harm incidents reported in Dec-14 remains subject to the usual RCA investigation and review. It is possible that the severity of these cases will be downgraded once the investigation process is completed in line with national guidance to ensure the actual harm caused by any act or omission is recorded. In Dec-14, the number of incidents graded as death or severe is lower than in previous months.

Patient Slips, Trips and Falls



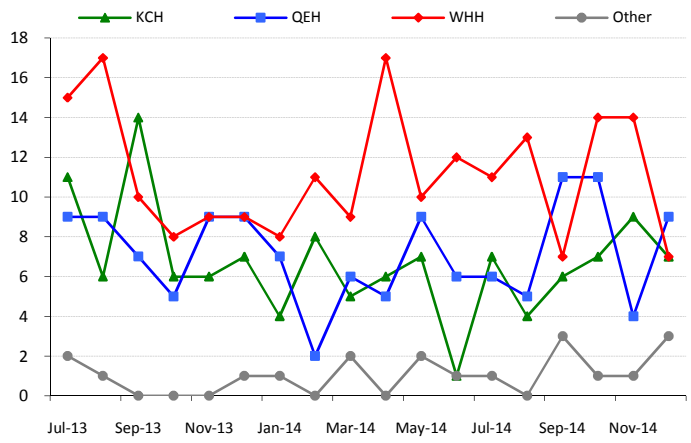
Of the 157 patient falls recorded for December (151 in November and 165 in Dec-13), no incidents were graded as severe or death. There were 89 falls resulting in no injury, 61 in low harm and 7 in moderate harm. The top reporting wards were Clarke (KCH) with 11 falls; Deal (QEH) with 9; Bishopstone (QEH) with 8; Richard Stevens Stroke Unit (WHH), CDU (QEH) and Cambridge L (WHH) with 7 falls each. The remaining wards reported 6 or less falls. Four of the 8 moderate harm falls resulted in fractures (2 to hip, 1 elbow, 1 wrist); 2 falls resulted in head injuries; 1 fall resulted in a serious laceration to the patient's leg. A Root Cause Analysis is carried out for all falls resulting in a head injury or fracture. As of 1 Jan-15 all falls resulting in a fracture of a major long bone will be reported on STEIS.

Hospital Acquired Pressure Ulcers



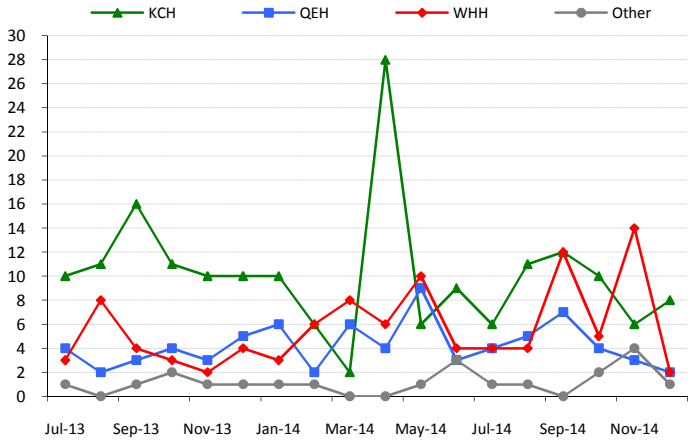
In December there were 31 reported incidents of pressure ulcers developing in hospital (20 in November); there were 29 in Dec-13. December's incidents included 27 Category 2 pressure ulcers and 4 Category 3 ulcers (yet to be debrided); no Category 4 ulcers were reported. Eight Category 2 and 2 Category 3 incidents have been assessed as avoidable (1 has been reported on STEIS and the other is under tissue viability review as is currently unstageable). The highest reporting wards were Harbledown (KCH) and Cambridge M1 (WHH) with 4 incidents each; Kent (KCH), Seabathing (QEH), Cambridge M2 (WHH) and Richard Stevens Stroke Unit (WHH) with 2 incidents each; 15 other wards reported 1 incident each.

Delay in Providing Treatment



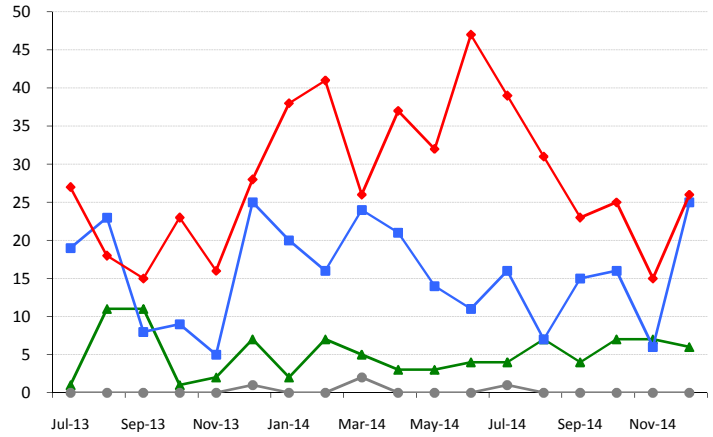
There were 26 incidents resulting in delay in providing treatment during December compared with 28 in November and 26 in Dec-13. No incidents have been graded as death or severe harm. Eight have been graded as moderate harm (1 of which is not attributable to EKHUFT and has therefore not been reported to the NRLS), 5 have been graded as low harm and 13 resulted in no harm. There was only 1 theme in location: 5 incidents occurred in A&E (QEH).

Incorrect Data in Patient Notes



There were 13 incidents of incorrect data in patients' notes reported as occurring in December (27 in November), 12 were graded as no harm and 1 as low harm. Twelve incidents related to incorrect data on paper notes and 1 to incorrect data in electronic patient record (PAS). Of the incidents reported, 8 were identified at KCH, 2 at QEH, 1 at RVHF and 2 at WHH. There was 1 theme in the location of these incidents: 4were reported by Outpatients (KCH).

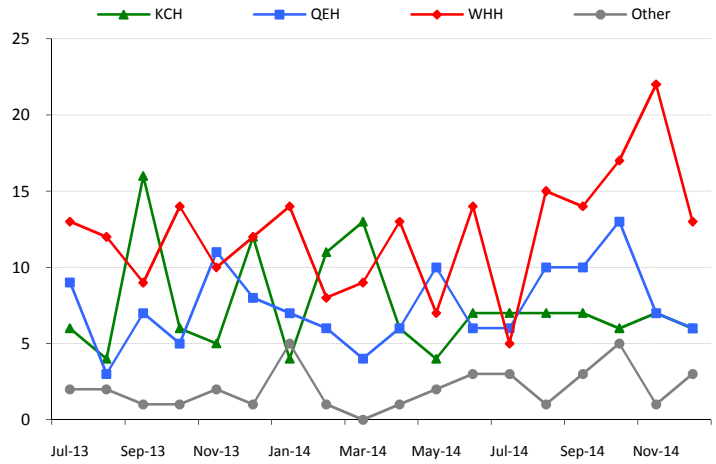
Staffing Level Difficulties



There were 57 incidents recorded in December (28 in November and 61 in Dec-13). These included 22 incidents relating to insufficient nurses, 7 to inadequate skill mix, 2 to insufficient doctors and nurses and midwives, 1 to insufficient doctors and 25 to general staffing level difficulties. Top reporting locations were Singleton (WHH) with 16 incidents; A&E (QEH) with 11 incidents; Fordwich with 7 incidents; Folkestone (WHH) and Kennington (WHH) with 3 incidents each. Other areas reported 2 or fewer incidents.

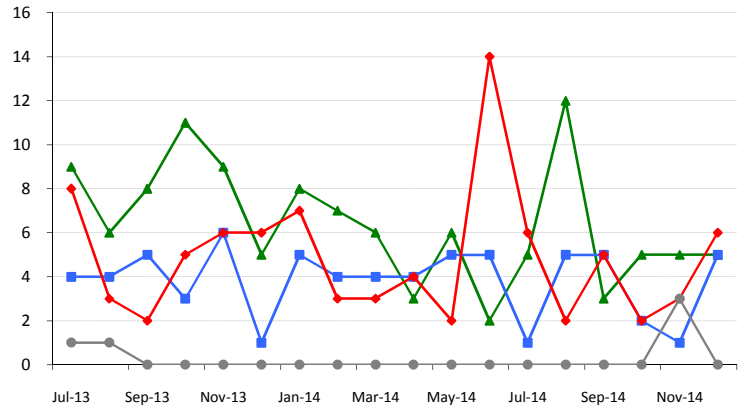
Six incidents occurred at KCH, 25 at QEH and 26 at WHH. Eight incidents have been graded as low harm and 1 as moderate harm due to delays in providing treatment and suboptimal care being identified. The remaining 48 incidents have been graded as no harm. Investigations evidence continued active management of bed and staffing situation.

Communication Breakdowns

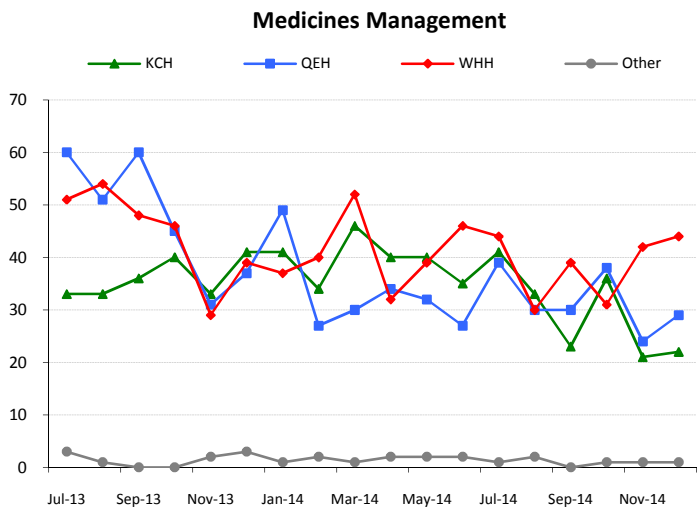


In Dec-14 there were 28 incidents of communication breakdown (37 in November and 33 in Dec-13). Of these, 19 involved staff to staff communication failures, 7 were staff to patient and 2 staff to relative or other visitor. Of the 28 incidents reported, 6 were reported as occurring at KCH, 6 at QEH, 13 at WHH, 1 at BHD and 2 in the community. Themes by location: Cheerful Sparrows Male (QEH) reported 3 incidents; other areas reported 2 or fewer. Incidents in December were graded as follows: 23 as no harm and 5 as low harm (resulting in a patient being left in a wheelchair without pressure relief, a patient requiring chest physio to clear secretions, postponed dialysis due to doctors not responding to bleep, delay in receiving discharge medication due to poor communication between dispensary and ward, and failure of emergency bell during a cardiac arrest call).

Blood Transfusion Errors



In December, there were 16 blood transfusion errors reported (12 in November and 12 in Dec-13). There were 3 themes arising in the period: 3 incidents relating to delay in providing blood products, 2 relating to communication and 3 relating to phlebotomy process errors (sampling and labelling). Eleven incidents were graded no harm and 5 as low harm. Reporting by site: 5 at KCH, 5 at QEH and 6 at WHH.



Medicines Management

Category	Dec-14
Prescribing	12
Dispensing	9
Administering	50
Missing (lost or stock discrepancy)	15
Shortage (drug unavailable)	6
Suspected adverse reaction	2
Infusion problems (drug related)	1
Infusion injury (extravasation)	1
TOTAL	**96**

There were 96 medication incidents reported as occurring in December (88 in November and 120 in Dec-13).
Of the 96 reported, 77 were graded as no harm including 1 serious near miss and 19 as low harm. Top reporting areas were: A&E (WHH) and A&E (QEH) each reported 7 incidents; Cheerful Sparrows Male (QEH) with 6 incidents; Cambridge M2 (WHH) with 5 incidents; Folkestone (WHH), NICU (WHH) and Pharmacy (WHH) reported 4 incidents each; CDU (WHH), Kings A2 (WHH), Cathedral Day Unit (KCH), ECC (KCH), Clarke (KCH) and ITU (KCH) reported 3 incidents each; other areas reported 2 incidents or fewer. Twenty two incidents occurred at KCH, 29 at QEH and 44 at WHH.

*Missing Drugs are broken down as follows: 1 incident where drugs brought in with an A&E patient could not found on the ward; 1 where a nurse went to prepare a Monofer infusion but could not find it following a thorough search; 1 incident where several patients' CDs were missing possibly due to lack of documentation as occurring over 10 day period; 12 stock discrepancies in Controlled Drugs (CDs) occurring mainly in A&E (WHH/QEH), CDU (WHH/QEH) and Cheerful Sparrows Male/Female (QEH).

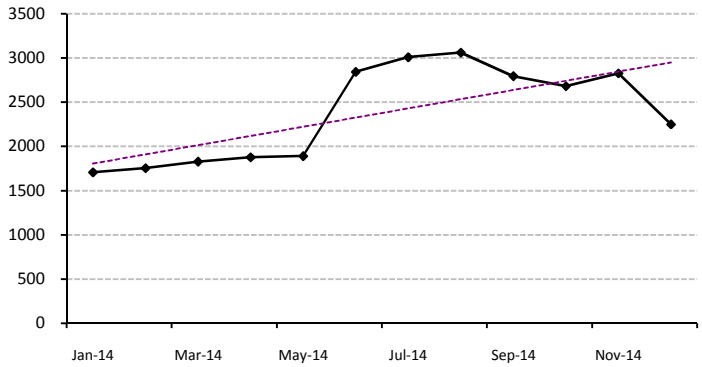
PATIENT EXPERIENCE: CONCERNS, COMPLAINTS & COMPLIMENTS

The experience of the patients and their families is of paramount importance to the Trust. Patient views are sought via a number of ways including the Patient Opinion website, the Friends and Family Test, via NHS Choices and also through the Trust's formal systems. This report provides the Board of Directors with activity and performance information about the complaints, concerns, comments and compliments during Dec-14. The information reported is for cases received in December and formal cases with target dates due that month.

• Activity: Formal complaints - 62; informal concerns - 57; compliments - 2249; PALS contacts - 211.

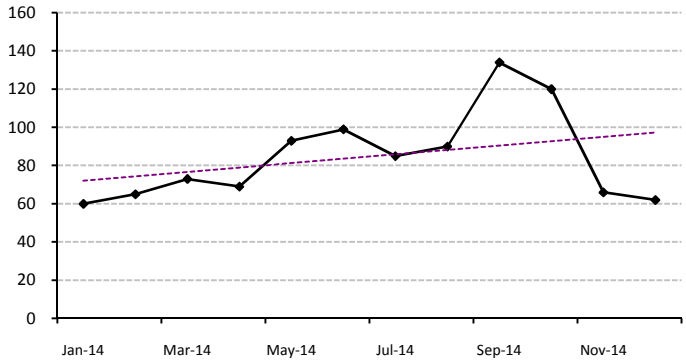
The charts below show the number of complaints and compliments received on a monthly basis. One formal complaint has been received for every 1268 recorded spells of care (0.07%) in comparison with November's figures where 1 formal complaint was received for every 1186 recorded spells of care (0.08%).

Number of Compliments



The number of compliments received has decreased by 20% compared to the previous month. The ratio of compliments to formal complaints received for the month is 36:1. There has been 1 compliment being received for every 34 recorded spells of care.

Number of Formal Complaints



In Dec-14, the number of complaints received decreased by 6% compared with Nov-14 (i.e. 62 compared with 66), however the number of complaints received increased by 29% compared with Dec-13 (i.e. 62 compared with 48). The number of concerns has significantly decreased by 37% compared with last month, namely 57 and to 91 respectively.

Top Five Concerns Expressed in Formal Complaints
December 2014

Concerns		No.
Problems with Communication	Doctor communication issues	12
	Nursing communication issues	11
	Lack of information/explanation of procedure outcome	3
	Other staff communication issues	2
	Misleading or contradictory information given	1
	Unable to contact department/ward	1
Problems with Clinical Management	Unhappy with treatment	8
	Lack of/inappropriate pain management	7
	End of life/palliative care issues	4
	Referral issues	3
	Incomplete examination carried out	2
	Blood tests not carried out	1
Problems with Nursing Care	Problems with nursing care	11
	Lack of response to call buttons	5
	Nutrition	4
	Pressure ulcer care	2
	Delay in receiving treatment	1
	Staffing level difficulties	1
Problems with Diagnosis	Missed fracture/or other medical problem	6
	Delay in receiving diagnosis	3
	Misdiagnosis	3
	Delay for test	2
	Tests incomplete	1
	Delay for results	1
Delays	Delays in receiving treatment	8
	Delays in allocation of outpatient appointment	2
	Delays being seen in A&E	1
	Delay in referral	1
	Delay in emergency admission	1
	Delay in going to theatre	1

The common themes raised within the top 5 informal concerns are led by problems with communication, problems with appointments, delays, concerns about clinical management and problems with discharge arrangements..

With regards to formal complaints, the highest recurring subjects raised in Dec-14 were problems with communication, concerns about clinical management, problems with nursing care, problems with diagnosis, and delays.
In comparison with Nov-14, problems with communication have remained the top concern. Problems with nursing care and problems with diagnosis have replaced problems with attitude and concerns about surgical management. Concerns about clinical management and delays both remain in the top 5 subject areas.

Concerns, Complaints and Compliments - Divisional Performance

December 2014

Division	Divisional Activity				Divisional Performance	
	Formal Complaints	Compliments	Informal Concerns	Compliments: Complaints	Response Date Agreed with Client	Returning Complaints
Clinical Support	3	68	7	22:1	12 of 13	1
Specialist Services	9	1470	12	163:1	22 of 24	1
Surgical Services	21	540	21	25:1	38 of 49	7
UCLTC	28	171	13	6:1	45 of 47	3
Corporate	1	0	3	0:1	2 of 2	0
Other	0	0	1	0:0	0	0
TOTAL	**62**	**2249**	**57**	**36:1**	**119 of 135**	**12**

Compliance Against First Response Met	
	≥85 - 100%
	75 - 84%
	<75%

The table above shows the monthly Divisional activity and performance for Dec-14, reporting on the percentage of cases where target dates falling within the month have been met. The response date is the date agreed with the client for the receipt of a substantive response to their complaints; this will either be via a letter or at a meeting.
During Dec-14 the data show that 88% of responses due to be sent out to clients were on target and equalled the value reported in November.
Corporate sent out 100% of their responses on target, whilst UCLTC, Clinical Services and Specialist Services sent out a minimum of 85% of their responses on target.
Surgical Services sent out a minimum of 75% of their responses on target. The PET has identified that some target dates have been missed due to extensions not being agreed prior to the target date. A process was implemented in early October to ensure that these should be kept to a minimum in future.

Parliamentary and Health Service Ombudsman (PHSO) Cases - Latest Action

Status of Cases	Actions in Dec-14
Cases carried over from previous month	21 *
New cases referred to the Trust	1
Cases closed by PHSO	1
Current open cases with the PHSO	21

The PHSO is the second and last stage of the National Complaints process and it is open to all clients to approach the Office if they are dissatisfied with the way their formal complaint has been handled.
In December, the PHSO have been in contact with the Trust with regards to 1 new case brought to their attention relating to the UCLTC Division (Stroke).
One case was closed by the PHSO in Dec-14 which related to UCLTC Division (HCOOP); this case was not upheld by the PHSO.

* The 2 oldest PHSO cases currently open with the Trust were first received from the PHSO in Dec-13. The Trust has received the final report on 1 case and is in the process of completing the PHSO's recommendations. The Trust awaits the final report from the PHSO regarding the other case.

Friends and Family Test (FFT)

The Friends and Family Test asks the patient how likely they are to recommend the ward or A&E department to their friends or family. The scoring ranges from:

- Extremely likely;
- Likely;
- Neither likely nor unlikely;
- Unlikely;
- Extremely unlikely.

There is also a "don't know" option which isn't scored, and an opportunity to write further comments. Nationally, Trusts are measured by the percentage of people recommending the service. From 3520 responses from Inpatients and A&E, 87.2% of responders said they would recommend the Trust to family or friends. Only inpatient and A&E are reported on Unify as the Trust percentage. Maternity services achieved 335 responses this month. The percentage of inpatients that would recommend the Trust to their friends or family was 92.9%, for A&E 80.2%, Maternity 94.6%, Outpatients 89.2% and for Day Cases 92.1%. These data are shared with the wards and departments where the individual comments are being scrutinised so that we can make improvements in response to the feedback. Local action plans are in place across all areas. The Trust star rating this month is 4.4.

The response rate for inpatients and A&E combined in Dec-14 achieved 28.8%. Inpatients achieved 36.7% this month, and the A&E departments achieved 22.8%. Maternity services achieved 16.7%. Outpatients received 4535 responses with a 20.5% response rate. The number of Day Case responses was 1704 with a 30.0% response rate.

As reported last month staff FFT has been implemented with 70% of the 2442 responses saying they would recommend the Trust to their family or friends if they required care or treatment. Only 45% said they would recommend the Trust as a place to work. This is a reduction on the last survey.

We Care Programme

The Trust has commenced its cultural change programme that encompasses the We Care Programme. The Cultural Change Programme Steering Group has been set up and work has begun with the appointed external partners. This will progress apace and will enable the embedding of the values and behaviours into everyday practice. In the meantime Market Place Events have taken place across the Trust in the first week of December, the findings are being analysed and will be fed back to the Steering Group for action.

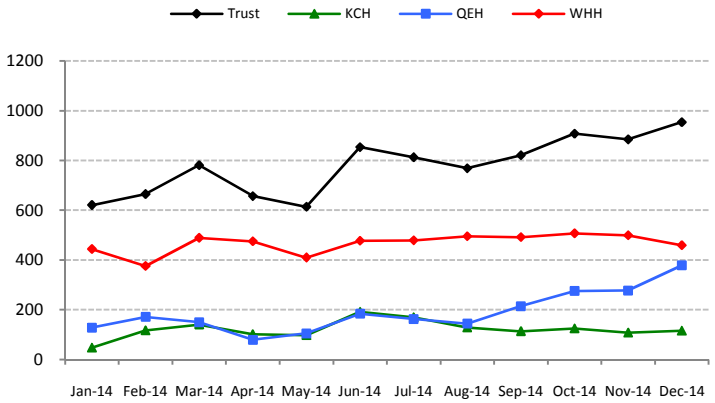
PATIENT EXPERIENCE: REAL-TIME MONITORING QUESTIONNAIRE

Real time patient experience monitoring using iPads have captured data since 1 Apr-13. During Dec-14, 954 adult inpatients were asked about their experiences of being an inpatient; 116 responses were received from patients treated at KCH, 379 from QEH patients, and 459 responses from patients based at WHH. (Compared with the previous month the number of responses were 108, 278 and 499 respectively). The combined result from all submitted questionnaires in Dec-14 was that of 89.63% satisfaction.

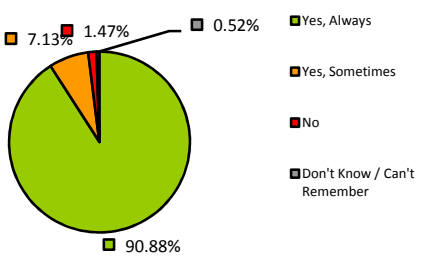
Overall Adult Inpatient Experience December 2014

Experience (%)	No. of Responses
89.63	954

Number of Adult Inpatient Survey Responses

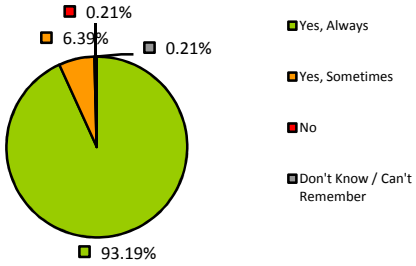


Were you given enough privacy when discussing your treatment?



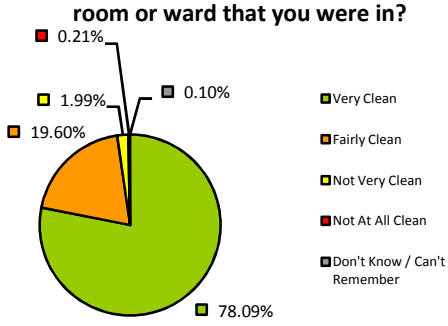
Overall Score = 94.94%

Overall, did you feel you were treated with respect and dignity while you were in hospital?



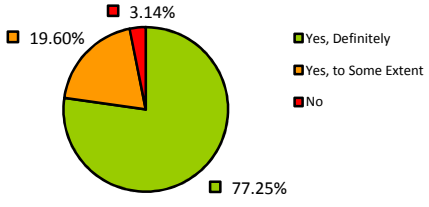
Overall Score = 96.59%

In your opinion, how clean was the hospital room or ward that you were in?



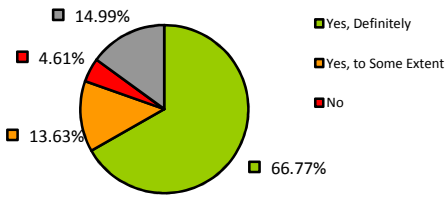
Overall Score = 91.92%

Were you involved as much as you wanted to be in the decisions about your care and treatment?



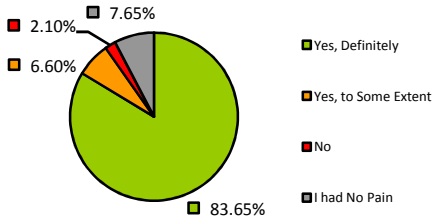
Overall Score = 87.05%

Did you find someone on the hospital staff to talk about your worries and fears?



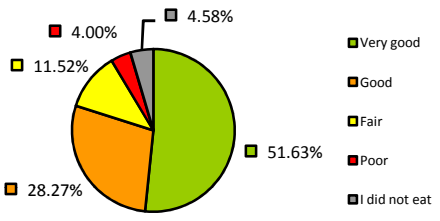
Overall Score = 86.56%

Do you think the hospital staff did everything they could to help control your pain?



Overall Score = 94.15%

How would you rate the hospital food?

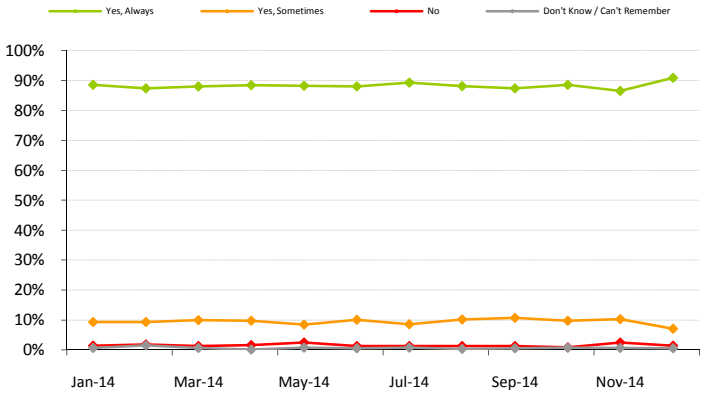


Overall Score = 71.23%

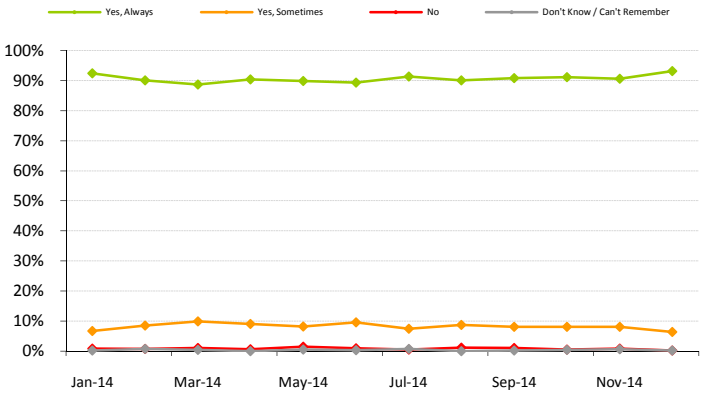
Each ward reviews their real-time monitoring data regularly. They are also shared as "heat maps" with other teams. From this actions are taken to address the themes which are considered with the Friends and Family Test feedback, and compliments and complaint information. A particular focus at present is around improving the catering and cleaning standards. The Trust is working closely with Serco to ensure high standards are maintained at all times. The Pain Team are working closely with ward teams to improve this aspect of care, and the wards continue their comfort rounds to ensure that at all times patients and families have their needs met. A meeting to explore further ideas for improving patient experience has taken place with a plan to strengthen Frontline Fridays, Intentional Rounding, and the use of "Emotional Touch-Points" as a tool for seeking feedback from patients and visitors.

PATIENT EXPERIENCE: REAL-TIME MONITORING QUESTIONNAIRE

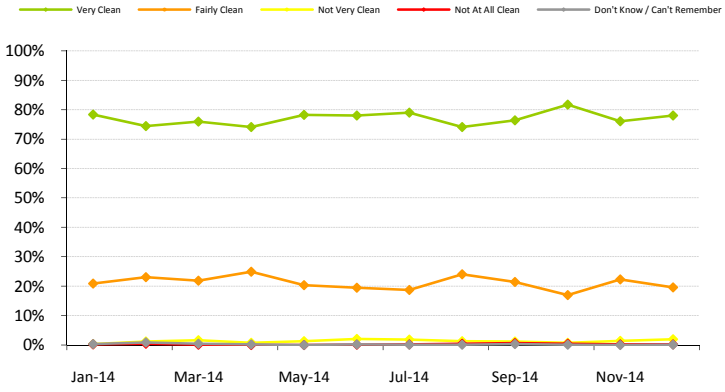
Were you given enough privacy when discussing your treatment?



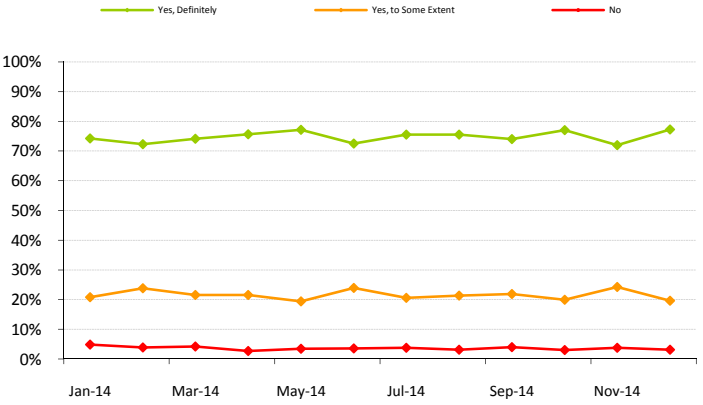
Overall, did you feel you were treated with respect and dignity while you were in hospital?



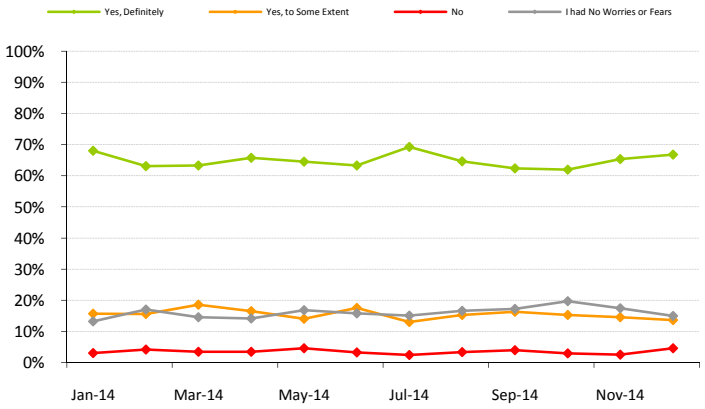
In your opinion, how clean was the hospital room or ward that you were in?



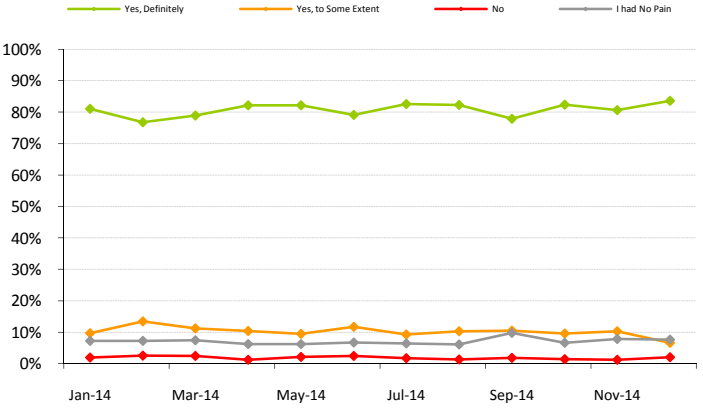
Were you involved as much as you wanted to be in the decisions about your care and treatment?



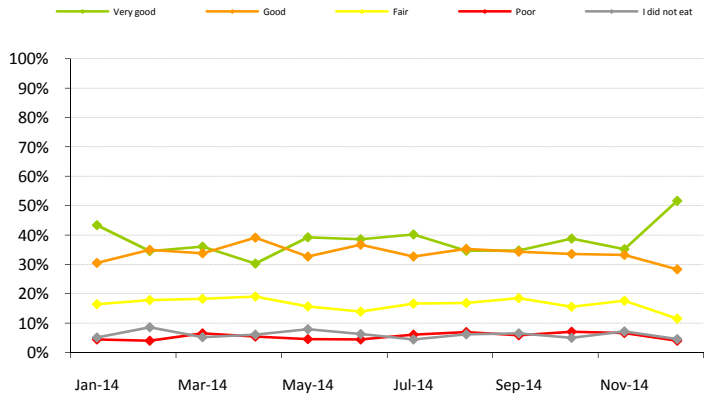
Did you find someone on the hospital staff to talk about your worries and fears?



Do you think the hospital staff did everything they could to help control your pain?



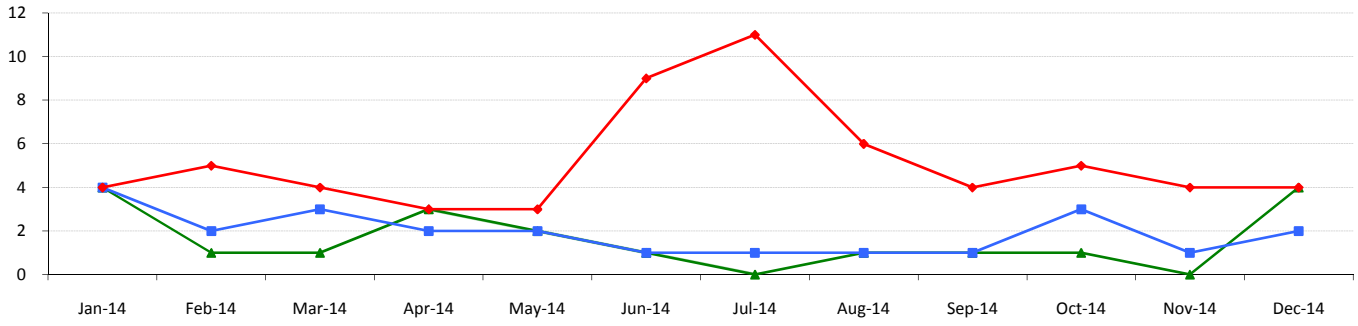
How would you rate the hospital food?



Wards have received their own results and are being asked to address the issue of involving patients in decisions about their care as well as ensuring that comfort rounds take place to enable patients to have the opportunity to discuss their worries and fears. The Ward Peer Review process and We Care Events use "Emotional Touch-Points" methodology to interview patients about their experiences and discuss their worries and fears. This helps us to develop and put in place the specific improvements required. It is encouraging to see the number of patients who rated the food as very good has increased. The remaining areas are slightly improved, but largely similar to previous months.

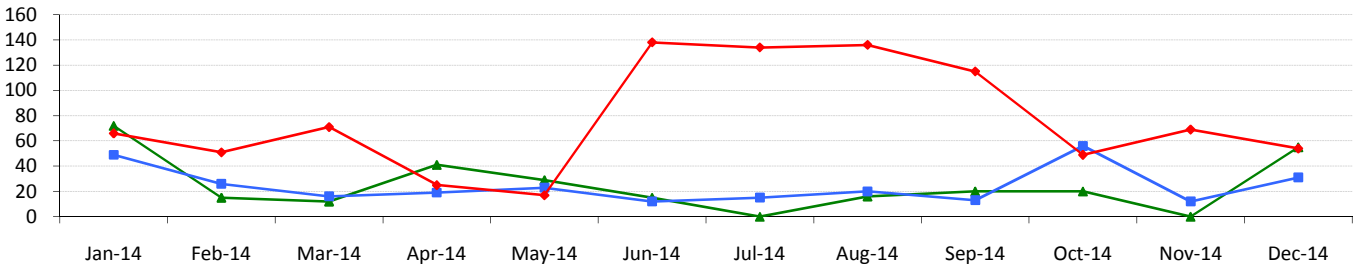
CLINICAL QUALITY & PATIENT SAFETY
PATIENT EXPERIENCE: MIXED SEX ACCOMMODATION

Number of Episodes of Mixed Sex Occurrence



	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14
KCH	4	1	1	3	2	1	0	1	1	1	0	4
QEH	4	2	3	2	2	1	1	1	1	3	1	2
WHH	4	5	4	3	3	9	11	6	4	5	4	4

Number of Hours of Mixed Sex Occurrence



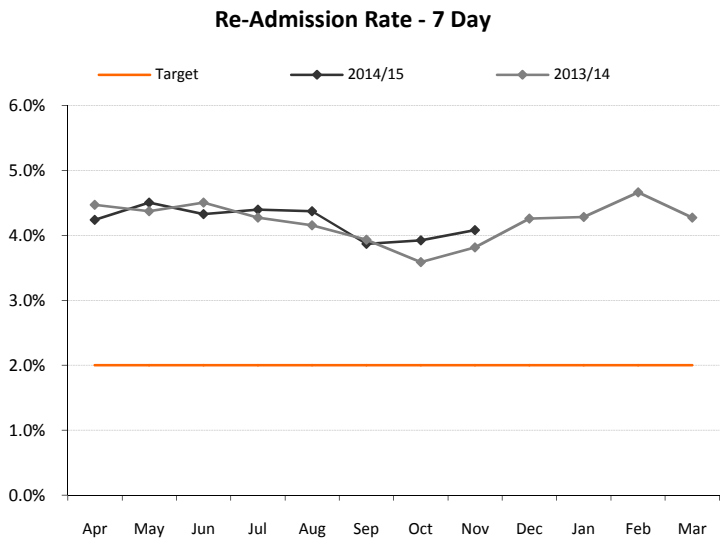
	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14
KCH	72	15	12	41	29	15	0	16	20	20	0	55
QEH	49	26	16	19	23	12	15	20	13	56	12	31
WHH	66	51	71	25	17	138	134	136	115	49	69	54

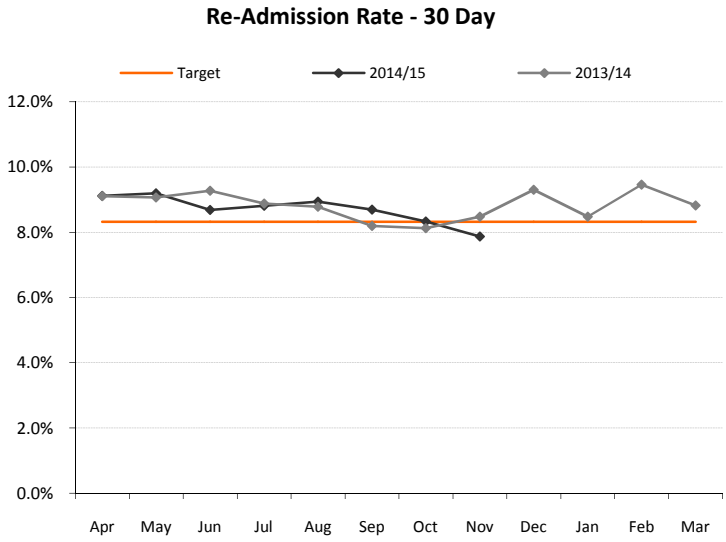
Mixed Sex Accommodation Occurrrences December 2014

Site	Clinical Area	Total No. of Occurrences	Total No. of Patients Affected
KCH	CDU	1	4
KCH	Kingston	3	8
QEH	CDU	1	9
QEH	Fordwich	1	4
WHH	CDU	4	32
TOTAL		**10**	**57**

During Dec-14 there were 6 reportable mixed sex accommodation breaches to NHS England via the Unify2 system. These occurred in the CDUs. The remaining cases occurred in the Stroke Units which is a justifiable mixing based on clinical need. The CCGs have requested that the new policy removes all justifiable criteria, apart from critical care areas and Stroke. They have requested this change to be invoked immediately. There were 10 mixed sex accommodation occurrences in total, affecting 57 patients. (Last month there were 5 occurrences affecting 36 patients). A review of the way we measure and report our mixed sex accommodation data was undertaken during October by external auditors. The draft report has been issued and indicates that the policy, the way we collect and report on mixed sex compliance meets the National Guidance. A review of bathroom mixed sex compliance has been undertaken and is being taken forward by the Trust.

CLINICAL QUALITY & PATIENT SAFETY
CLINICAL EFFECTIVENESS: READMISSION RATES





There has been an increase in the 7 day readmission rate, but an overall decrease in 30 day readmissions.
Throughout November and December, the acute sites have experienced extreme pressures with patient flow and capacity, which could be reflected in the increase with 7 day readmissions. The introduction of the Surgical Emergency Assessment Unit at WHH may also be a contributory factor, as patients are being admitted and discharged to the unit as a means of capturing activity and enabling the provision of treatment and possible follow-up. We know from previous analysis that patients on Ambulatory Care Pathways and the KCH Emergency Care Model, that patients recorded as "admissions" to non-inpatient areas, who require subsequent follow-up visits, has an adverse impact on the 7 day Readmission rate.
Service Improvement are currently working with Finance and Information Management to assess the impact of changing reporting, on activity and financial flows.

			CQUIN	2013/14 Baseline	2014/15 Target	YTD Status	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Q1	Q2	Q3	Q4	Year End Position
			National CQUINS																				
Performance	Friends and Family Test	1a	Implementation of FFT to staff	N/A	Implemented by Jul-14																		
		1b	Implementation to Outpatient and Day Case Units	N/A	Implemented by Oct-14																		
		1c	Increased Response Rates in A&E	Q1 2014/15 - 20.7%	Improvement from at least 15% in Q1 to at least 20%, or higher than Q1 baseline if higher than 20% by Q4	22.3%	19.6%	18.7%	23.9%	28.5%	21.1%	19.4%	22.6%	24.0%	22.8%				20.7%	23.0%	23.1%		
		1d	Increased Response Rates in Inpatient Areas	Q1 2014/15 - 33.1%	Improvement from 25% in Q1 to 30% by Q4, or maintaining a response rate of 30%	35.3%	35.2%	29.6%	34.4%	35.0%	39.5%	34.6%	38.4%	34.1%	36.7%				33.1%	36.4%	36.4%		
		1e	Increased response rates in Inpatient areas to 40% in Mar-15	Q1 2014/15 - 33.1%	Improvement in response rate to 40% in Mar-15	35.3%	35.2%	29.6%	34.4%	35.0%	39.5%	34.6%	38.4%	34.1%	36.7%				33.1%	36.4%	36.4%		
	NHS Safety Thermometer	2a	Reduction in Falls - Risk Assessment/Care Plan	2013/14 audit - 20%.	50% compliance with completion of falls risk assessment and care plan																		
		2a	Reduction in Falls - Improvement in Prevalence	Apr-13 to Jan-14 - 1.13%	25% improvement in prevalence of falls with harm - NHS Safety Thermometer in Q4	29	2	1	0	3	5	7	5	2	4				3	15	11		
		2b	Reduction in UTIs in Patients with Urinary Catheters	Apr-13 to Jan-14 - 1.98%	25% improvement in prevalence of UTIs in patients with urinary catheters - NHS Safety Thermometer in Q4	107	5	12	12	7	13	8	18	13	19				29	28	50		
		2c	Reduction in Pressure Ulcers - New	Apr-13 to Jan-14 - 1.09%	5% improvement in prevalence of new pressure ulcers - NHS Safety Thermometer in Q4	51	16	10	3	3	2	5	0	3	9				29	10	12		
		2c	Reduction in Pressure Ulcers - Old	Apr-13 to Jan-14 - 5.01%	Leading the Pressure Ulcer Work Stream																		
	Improving Diagnosis of Dementia	3.1	Dementia Case Finding	98.8%	Average of 90% in each of the elements of the indicator each month for any 3 consecutive months	99.6%	99.7%	99.4%	99.7%	99.4%	99.2%	99.6%	100.0%	99.8%					99.6%	99.4%			
			Dementia Assessment within 72h	90.1%		94.3%	94.7%	94.7%	93.2%	93.3%	94.5%	91.7%	93.6%	98.8%					94.0%	93.2%			
			Appropriate Referral	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%					100.0%	100.0%			
		3.2	Staff Training/Leadership	20.0%	35% of appropriate staff trained	32.0%	22.3%	23.5%	25.0%	25.0%	25.0%	24.0%	24.0%	31.0%					23.5%	24.7%			
		3.3	Care for People with Dementia	N/A	Self assessment of person-centred care in wards																		

Commentary	Friends and Family Test	1a	Implementation of FFT to staff	FFT for staff implemented in June 14 via a Picker Survey. All staff will receive the survey 3 times/year and the second survey was completed at the beginning of September.
		1b	Implementation to Outpatient and Day Case Units	Implementation of FFT to Outpatients and Day Case Surgery is completed.
		1c	Increased Response Rates in A&E	Reporting includes A&E areas at WHH and QEH. Month 9 shows an improvement in response rates to 22.8% (and 22.3% YTD).
		1d	Increased Response Rates in Inpatient Areas	ECC at KCH included within inpatient areas. Month 9 shows an increase in response rates to 36.7%.
		1e	Increased Response Rates in Inpatient areas	Month 9 shows a response rate of 36.7%. A response rate of 40% or greater in Mar-15 remains a focus, and 39.5% was achieved in Aug-14.
	NHS Safety Thermometer	2a	Reduction in Falls - Risk Assessment/Care Plan	The risk assessment/care plan has been updated and has been implemented as part of the Risk Assessment Booklet. Link workers plus other staff were trained in Jul-14. An audit of the compliance in risk assessments was completed in December and the finalised report will be available shortly.
			Reduction in Falls - Improvement in Prevalence	YTD NHS Safety Thermometer data - 29 falls with harm, against a trajectory of up to 72. Prevalence equalled 0.4% in Month 9, against a 1.13% 2013/14 baseline prevalence and against a Q4 target of no more than 0.85% prevalence.
		2b	Reduction in UTIs in Patients with Urinary Catheters	YTD NHS Safety Thermometer data - 108 UTIs in patients with catheters, against a trajectory of up to 117. Prevalence equalled 1.91% in Month 9, against a 1.98% 2013/14 baseline prevalence and against a Q4 target of no more than 1.49% prevalence.
		2c	Reduction in Pressure Ulcers - New	YTD NHS Safety Thermometer data - 51 new Category 2 - 4 pressure ulcers, against a trajectory of up to 94. Prevalence equalled 0.91% in Month 9, against a 5.01% 2013/14 baseline prevalence and against a Q4 target of no more than 4.76% prevalence.
			Lead Pressure Ulcer Work Stream	The first meeting of the Work stream Collaborative group took place in May-14, and regular meetings have taken place since to progress this work.
	Improving Diagnosis of Dementia	3a	Dementia Case Finding	Q1 has met the year target for average of 90% for 3 consecutive months and performance continues to be at a very high standard throughout the year.
			Dementia Assessment within 72h	Q1 has met the year target for average of 90% for 3 consecutive months and performance continues to be at a very high standard throughout the year.
			Appropriate Referral	Q1 has met the year target for average of 90% for 3 consecutive months and performance continues to be at a very high standard throughout the year.
		3b	Staff Training/Leadership	This measure will be reported 1 month retrospectively. From September reporting now includes Pharmacy and Serco staff.
		3c	Care for People with Dementia	The ability to survey carers of dementia sufferers via the Meridian web based system is being launched (paper based) in Oct-14.

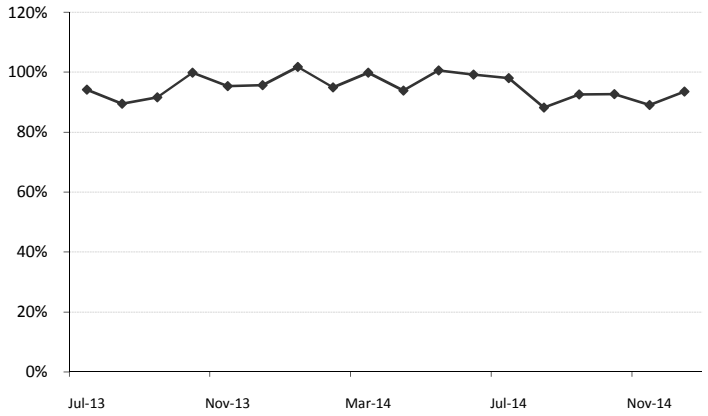
Compliance Against Performance	On target
	Monthly target missed; quarterly/annual target at risk
	Monthly target missed; annual target at risk

CLINICAL QUALITY & PATIENT SAFETY
CLINICAL EFFECTIVENESS: CQUIN MONTHLY MONITORING AND PERFORMANCE

	Local CQUIN			2013/14 Baseline	2014/15 Target	YTD Status	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Q1	Q2	Q3	Q4	Year End Position
Performance	Heart Failure	4a	Develop an Integrated Care Pathway	N/A	Develop Integrated Care Pathway																		
		4b	EQ Pathway Measures (Jan-14 to Dec-14)	74.21%	Maintain 2013/14 levels	88.6%	78.3%	81.1%	70.6%	66.7%	92.9%	92.9%	93.6%	84.6%					YTD 76.3%	YTD 80.3%			
	COPD	5a	Develop an Integrated Care Pathway	N/A	Develop an Integrated Care Pathway																		
		5b	Improved referral rate to the Community Respiratory Team	21.9%	Improved referral rate in 2014/15 - Improvement rate TBA	22.2%	25.4%	25.7%	23.3%	22.1%	21.9%	20.3%	20.3%	20.6%	20.3%				24.8%	21.4%	20.4%		
		5c	Improved referral rate to the Stop Smoking Service	8%	Improved referral rate in 2014/15 - Improvement rate TBA	8.0%	8.9%	10.5%	7.3%	9.3%	8.4%	9.3%	8.0%	5.0%	5.4%				8.9%	9.0%	6.1%		
	Diabetes	6	Develop an Integrated Care Pathway	N/A	Develop an Integrated Care Pathway																		
	Over 75 Frailty Pathway	7	Develop an Integrated Care Pathway	N/A	Develop an Integrated Care Pathway																		
Commentary	Heart Failure	4a	Develop an Integrated Care Pathway	This measure was agreed within the CQUIN programme after the start of the financial year. A collaborative Cardiology Task and Finish Group is in place and are meeting regularly. HF and AF have been identified as separate work streams. The development of an Integrated Care Heart Failure Pathway is underway with audit of the existing pathway planned.																			
		4b	EQ Pathway Measures	YTD position equlas 88.6% against a target to sustain a 2013/14 level of 74.21%.																			
	COPD	5a	Develop an Integrated Care Pathway	This measure was agreed within the CQUIN programme after the start of the financial year. A collaborative COPD Task and Finish Group has come to a close. Discussions are due to take place with the CCGs to understand how this work should progress. The development work will need an internal working group and this CQUIN measure requires Project, Clinical and Information Team support to ensure that it will progresses. Internal meetings are in place. Rapid progress on the pathway development is needed.																			
		5b	Improved referral rate to the Community Respiratory Team	All previous months referral rates are revised as patient data is updated. Both 2013/14 baseline and 2014/15 data has been refreshed further as the process of ensuring that all referrals are being captured in the reporting process has progressed. Referral Rate Reports are being investigated further to ensure they capture referrals made via the IDT. Current data indicate that greater stability in improved referral rates is required. This is likely to tie in with the COPD integrated pathway development work.																			
		5c	Improved referral rate to the Stop Smoking Service	Current data indicate that greater stability in improved referral rates is required. This is likely to tie in with the COPD integrated pathway development work.																			
	Diabetes	6	Develop an Integrated Care Pathway	A CCG led Project group has been developing an Integrated Diabetes Pathway. CCG led meetings took place oin November and December to discuss the many outstanding issues that need to be resolved to enable the pathway development to progress including resolution of the contractual structure, specific details around the new pathway delivery, development of implementation plans and funding. The Trust has identified the number of diabetic patients who would fall into each level of service within the new pathway and this information has been shared with the CCG led working group. A CCG led meeting took place 4 Dec-14 and details around a phased implementation are being agreed.																			
	Over 75 Frailty Pathway	7	Develop an Integrated Care Pathway	A third CCG led multi-provider Pathway Development meeting took place on 2 Sept-14. The Trust conducted an audit to identify the proportion of patients who would be identified as frail if the Prisma frailty tool was applied, and greater than 80% of patients were identified as frail. Further data collection in other areas (A&E and Outpatients) is planned, and a further internal meeting is scheduled for 18 Nov-14. A further meeting took place between EKHUFT, KCHT and CCGs on 26 Nov-14 to agree how to progress the development of a pathway and a high level pathway has been documented. This will be further discussed at the next CCG led meeting on 9 Dec-14. This CQUIN measure requires Project, Clinical and Information Team support to ensure that it remains on track.																			

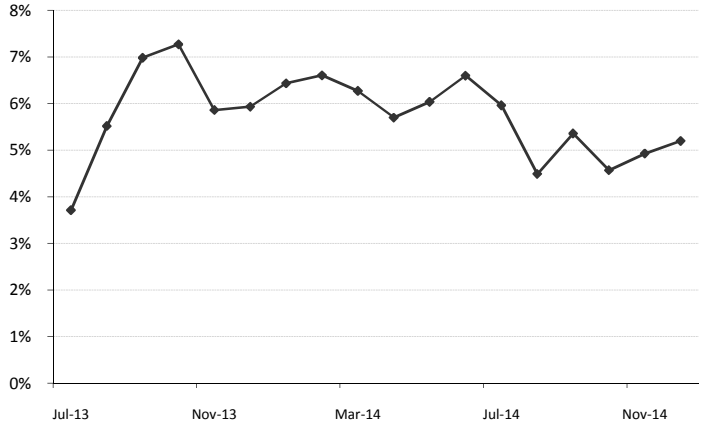
Compliance Against Performance	
	On target
	Monthly target missed; quarterly/annual target at risk
	Monthly target missed; annual target at risk

Bed Occupancy



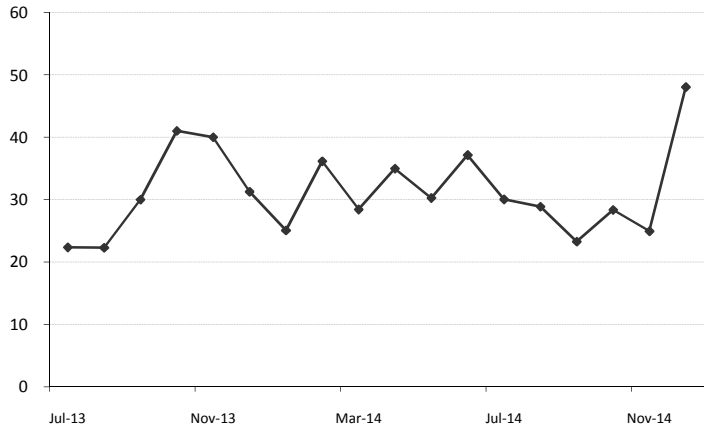
The bed occupancy metric looks only at adult inpatient beds and excludes any ring fenced wards such as Maternity. Since Aug-13 occupancy steadily increased with levels becoming static from Oct-13 (99.78%) to May-14 (100.44%), decreasing thereafter to a position of 88.21% in Aug-14. In Dec-14 bed occupancy equalled 93.53% approximating the levels reported in September and October.
NB: Data are sourced from the Trust's Balanced Scorecard as of 8 Jan-15.

Extra Beds



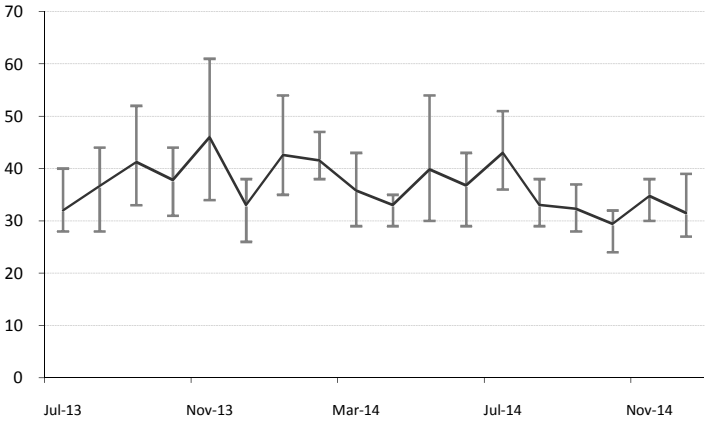
This metric is built up using the number of funded beds on each ward and reviewing those occupied on a daily basis. Where the number of occupied beds exceeds the funded bed base for the ward these are classified as "extra". In Jun-14 the degree of extra beds used within the Trust equalled 6.60%, dropping thereafter to a value of 4.57% in Oct-14, but subsequently increased to 5.20% in Dec-14.

Outliers



The outliers data show the average number of patients bedded in a ward outside of the relevant Division over a given month. In line with the number of extra beds the number of outliers peaked in Oct-13. However, the position stabilised at approximately 25 extra beds per month from Jan-14 to Jul-14 and has subsequently reduced thereafter. However, in Dec-14 a marked increase was evident where the outlier value equalled 48.03 and as such represents the highest value reported in at least 18 months.

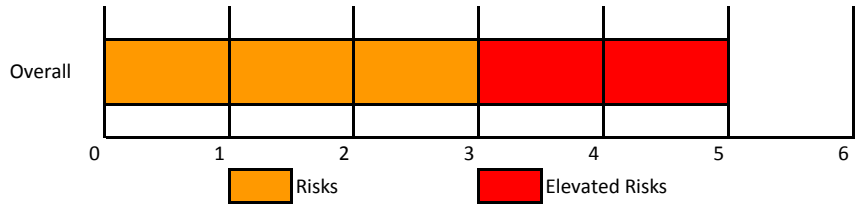
Average Delayed Transfers of Care



In Dec-14, the average number of patients on the Delayed Transfers of Care (DToC) list decreased resulting in a position of 31.50, against 34.75 in November. This value is of a similar order to that reported in Dec-13, that is, 33.00.
The Trust now provides 60 reablement beds, 20 of which became operational on 31 Jan-14. The primary issues for DToC remain, that is, continuing health care, pending assessment by Social Services, and care provision and community resources.

CARE QUALITY COMMISSION: INTELLIGENT MONITORING REPORT

Trust Summary



Priority Banding for Inspection	Recently Inspected
Number of Risks	3
Number of Elevated Risks	2
Overall Risk Score	7
Number of Applicable Indicators	95
Percentage Score	3.68%
Maximum Possible Risk Score	190

Elevated Risk	Monitor - Governance Risk Rating (9 Sep-14 to 9 Sep-14)
Elevated Risk	Whistle blowing alerts (18 Jul-13 to 29 Sep-14)
Risk	Composite of Central Alerting System (CAS) safety alerts indicators (1 Apr-04 to 31 Aug-14)
Risk	SSNAP Domain 2: overall team-centred rating score for key stroke unit indicator (1 Apr-14 to 30 Jun-14)
Risk	GMC: Enhanced Monitoring (1 Mar-09 to 2 Jul-14)

The latest Intelligent Monitoring Report was received on 1 Dec-14. Following the CQC Report the High Level Improvement Plan has been submitted to the CQC and Monitor (23 Sep-14) and continues to be progressed. Our Improvement Director Sue Lewis has been appointed by Monitor and continues to work with the Trust to provide us with advice, to observe progress on the implementation and embedding of the improvements, and to liaise with the Monitor Regional Team as part of the performance review requirements. The fourth monthly report on progress has been submitted to NHS Choices and has been published on our website.

The Trust was initially rated as a Band 3 organisation based on the risk scores calculated by the CQC in the first Intelligent Monitoring Report published in Oct-13. Four further reports have been issued since this time; the most recent being in Dec-14. The risk score overall is 7. There were 5 areas showing as a risk; 2 of these are classified as "elevated". These are the number of “whistle blowing” reports made by Trust staff directly to the CQC from 18 Jul-13 to 29 Sep-14 being more than 1 and the Trust being placed in special measures following the publication of the CQC inspection report in August. The other risk areas reported are unchanged. These are the:

1. Composite scores for the Central Alert System (CAS.) The outstanding CAS alerts have been closed and this is unlikely to flag as a risk in the next iteration of the Intelligent Monitoring Report.
2. Stroke national audit overall team rating results for Q1 2014/15.
3. Enhanced monitoring by the GMC.

The risk alert relating to mortality following the procedure for hemi-arthroplasty was closed by the CQC and no longer triggers in the report.